COMMITMEN Texas Department of Health Breast and Cervical Cancer Control Program

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Memorial Health System Offers Screenings at the Alabama-Coushatta Reservation

ast summer, Memorial Health System of Lufkin, a Breast and Cervical Cancer Control Program (BCCCP) provider, had their first screening at the Alabama-Coushatta reservation. The American Indian reservation initiated the call to Memorial and asked that they provide mobile mammography as part of a health fair. Frances Batiste, R.N., who is an American Indian, is the head of the clinic on the reservation. Ms. Batiste called the women on the reservation to set up their appointments.

"We didn't think we had a good reception and in actuality the women loved the service," said Cindy Long, R.N., B.S.N., Nurse Manager at Memorial.

Long had several recommendations for working with American

In This Issue...

Memorial Screens at Reservation 1
BCCCP Briefs 2
Breast Cancer Diagnosed Earlier 2
Ask the Expert 3
NCI - Cervical Awareness 3
New Provider 3
Data Forms 3
Provider QA Meeting 4
Calendar of Events 4

Indian populations. She suggested:

- Giving the tribe as much control as possible
- Allow the tribe to educate the women about screening and schedule the appointments
- The tribal women want to know that you respect their leaders

Memorial has screened 30 women of the estimated 75 that are eligible for the BCCCP. After the initial screening in the summer of 1997, Memorial was invited back in July of 1998. Staff plan to do

another screening in October of this year. They also have arranged to return on a quarterly basis.

"When we returned in July, we could tell that the reception was much better," Long explained. "We were more accepted because we had built a rapport with the women."

"This was really different than it was last time, the women smiled more and looked at us more," Long said.

Long said she expects to screen women in October who were

Memorial continued on 2



Memorial Health System of East Texas offers screenings to women on the Alabama-Coushatta reservation at the Indian Health Services Clinic. Pictured left to right are: Paula Robinson, Receptionist; Terrah Langley, Housekeeper; Autumn Conner, Mammography Technician; Joyce Poncho, Medical Records Technician; Carol Batiste, Community Health Representative; Sharon Morris, Contract Health Coordinator; Bernitta Langley, Dental Assistant; Virginia Evans, R.N., Share Van Coordinator; and Stephanie Williams, Administrative Assistant.

Commitment, Page 2 October, 1998

BCCCP Briefs

Internet Resources

HealthFinder is an electronic gateway to consumer health and human services information from the U.S. government. It provides access to selected online publications, clearinghouses, databases, world wide web sites, support and self-help groups, as well as agencies that produce reliable information for the public. HealthFinder is located at: http://www.healthfinder.gov

Who to Call & How to Reach Us...

General Information/Administration:

Margaret Méndez Robert Reeves
Nora Ogea Lisa West
Lurah Oliver Rhonnda Jones
Professional Education, Clinical
Services,

Case Management:

Karen Knox Karen McAnarney Claudia Himes

Public Information and Outreach: Stephen Wright Andrea Littlefield Data Collection and Maintenance:

Vincent Crawley Codie Prinz
Wanda Gibson Steve Johnson
June Browning Constance Holloway

Data Collection Forms

Wanda Gibson

Cancer Epidemiology/Demographics: Vacant

Billing:

Kathy Kokel Codie Prinz

Texas Department of Health Breast & Cervical Cancer Control Program 1100 West 49th Street, G407 Austin, TX 78756-3199 (512) 458-7644

(512) 458-7644 (800) 452-1955

(512) 458-7650 FAX

email: margaret.mendez (or other staff first name, period and last name)@tdh.state.tx.us

Website Address

http://www.tdh.state.tx.us/bcccp/

Local Changes

Please call or write Lisa West, Administrative Technician, with **ANY** changes in local phone numbers, personnel or providers. *Thank you.*

Study Shows Breast Cancer is Now Diagnosed Earlier

he diagnosis and treatment of breast cancer -- the most frequently diagnosed cancer (other than skin cancer) among women in the United States -- has shown "continuous improvement" over the last decade, according to a study in the journal *Cancer*.

Over a 10-year period starting in 1985, a growing proportion of breast cancer patients were diagnosed early, so that in 1995, nearly half of breast cancers diagnosed were early-stage cancers, when the disease is most treatable.

And a growing percentage of breast cancer patients were treated with partial mastectomy or "breast-conserving" surgery, rather than radical mastectomy, according to the authors, Dr. David P. Winchester of Northwestern University Medical School in Chicago, Illinois.

Winchester and his colleagues analyzed National Cancer Data Base information on 240,000 breast cancer patients who were diagnosed and treated in U.S. hospitals between 1985 and 1995.

Their analysis found a trend toward progressively earlier diagnosis. About 42 percent of patients diagnosed in 1985 were diagnosed with the earliest stage of cancers, stage 0 and stage 1 tumors. By comparison, 45.8 percent of those diagnosed in 1995 were diagnosed when their cancer was in stage 0 or stage 1.

Earlier diagnosis is important because early-stage tumors are more treatable than later stage cancers. According to the researchers' analysis, 95 percent of patients diagnosed with stage 0 tumors were alive after 10 years, compared with 88 percent of those diagnosed with stage 1 cancer, 66 percent of those diagnosed with stage 3 tumors, and 7 percent of those diagnosed with stage 4 cancer.

Memorial continued from page 1

apprehensive at first, since they had built a rapport. She said that the younger women are much more receptive to screening than the older women on the reservation. Long said these women want to be empowered and want to take care of themselves.

Long had some suggestions for other providers interested in screening at a reservation. "Get to know the elders in the tribe and the respective women leaders. You should try to create a bond, of course this takes time,"Long said.

"But most important, you must deliver what you've told them you'll deliver or you'll never be invited back," said Long.

"Of course it takes patience to build a bond. The reception changes over time as they learn to trust you," said Long.

For more information on Memorial's experience in screening American Indian women, call Cindy Long at (409) 639-7080.

Commitment, Page 3 October, 1998

Ask The Expert

Don't forget, **you** can submit your own questions on any subject related to the program such as nursing, case management, billing, data or outreach. Send questions to Andrea Littlefield, Information Specialist, 1100 West 49th Street, Austin, TX 78756-3199.

Are clients 65 and over that are non-Medicare recipients allowed to be billed through the Breast and Cervical Cancer Control Program?

Technically, yes. Services for a woman who is 65 or over could be covered. However, more than 99 percent of women 65 or older have Medicare. Providers should make every effort to ensure that a person of this age is enrolled in Medicare.

BCCCP Welcomes New Provider



Fort Duncan Medical Center joins BCCCP -- Staff at Fort Duncan Medical Center in Eagle Pass were recently oriented to the BCCCP. Ft. Duncan will serve Kickapoo Indian women and the women who live in colonias. Pictured (left to right) are: Jacqueline Garcia, Director of Public Relations; Kim Barnes, Radiology Manager; Lupe Escobedo, Certified Mammography Technician; Laura Nandin, Administrative Assistant; Bob Williams, Grant Coordinator; Sandra Abbott, Nurse Practitioner; and Emma Morales, Health Clinic Manager.

NCI Starts Cervical Cancer Awareness Program

ational Cancer Institute (NCI) is launching a new cervical cancer awareness media campaign. The objective of the campaign is to stimulate the media's interest in developing stories on Pap tests and older women. This information is not time sensitive and can be used at any time during the year. The Cancer Information Service (CIS) number is listed as a source for information about cervical cancer, Pap tests, and referrals to low-cost or free Pap test facilities.

The media packet is available in English and Spanish and includes a publication, bookmark, and public service announcements. They are available at no cost, through the Publications Ordering Service, (800) 4-CANCER.

Next Data Form Distribution Date Set

Providers should have received a fax from Wanda Gibson regarding data form needs. The estimate provided on the fax was for the next six-month supply.

Forms will be shipped directly from our warehouse. Currently, some providers have a surplus of data forms from prior distribution and do not require additional forms.

The next distribution is scheduled for March, 1999. If you have any questions, contact Wanda Gibson, Public Health Technician, at (800) 452-1955.

Commitment, Page 4 October, 1998

Provider QA Meeting a Success

he first Provider Quality Assurance meeting was held in Austin on August 26, 1998. Breast and Cervical Cancer Control Program (BCCCP) staff thanks the following providers for making this special trip and giving us the opportunity to gain even more insight on concerns and interests:

Bonnie Smith - Community Action, Inc. (San Marcos)
Chris Labuski and Mary Lou Adams - University of Texas School of
Nursing (Austin)

Kelly Wright and Charla McCracken - YWCA of Abilene

One discussion centered on performing two procedures after an abnormal clinical breast examination. The following key points where made at the meeting:

- CDC does not differentiate between screening and diagnostic mammograms.
- An abnormal CBE must be followed up with at least two procedures, and both cannot be mammograms.
- A consultation is, for our purposes, a second procedure.

Look for a copy of the agenda and minutes that is being distributed to each provider in the September monthly packet. Please continue to submit agenda items, inquiries and ideas to Wanda Gibson, Public Health Technician. You may call (800) 452-1955 or email her at wanda.gibson@tdh.state.tx.us.

Important Dates

October

October 1 - 2

Regional Meeting - Harlingen

October 2

Breast Cancer Awareness Day

(Wreath Project and Tell-A-Friend Friday Kickoff)

October 8 - 9

Regional Meeting - Dallas

October 9

Tell-A-Friend Friday

October 16

Tell-A-Friend Friday

October 23

Tell-A-Friend Friday

October 30

Tell-A-Friend Friday

November

November 11 - Veteran's Day

State Office Closed

November 26 - 27 - Thanksgiving

State Office Closed

Women Served*: 105,672 Breast Screenings: 126,250 Cervical Screenings:

Cervical Screenings: 95,250

95,250

Breast Cancers:

634

Cervical Carcinoma in situ: 1,423

Invasive Cervical Cancer:

47

*As of September 14, 1998

Commitment A monthly bulletin

Send news/information to:

Texas Department of Health Breast & Cervical Cancer Control Program 1100 West 49th Street Austin, TX 78756-3199

Telephone: (800) 452-1955 Fax: (512) 458-7650

Email: andrea.littlefield@tdh.state.tx.us